

SERVICE AND TREATMENT CONSIDERATIONS (for parents)

Substance Use, Mental Health, and Co-Occurring Disorders

Problem-Solving Practices

Using a family-centered framework, judges should take a holistic approach to strengthening the family by addressing the needs of both the child (see previous section) and parent.

Some circuits have established family treatment drug courts and mental health courts to handle dependency cases when the parent has a substance use, mental health, or co-occurring disorder. There are common practices associated with these problem-solving courts that have been developed over past years. They are beneficial practices whether a circuit has a formal drug court or not. These problem-solving practices can be applied to cases when parents have complex and difficult problems.

In petitions in which substance use is indicated, the judge should ask if a co-occurring mental illness or mental disorder has been ruled out, and vice-versa. If it is determined that the parent has both a mental health disorder and a substance use disorder (commonly referred to as co-occurring disorders or dual diagnosis), there are special considerations for assessment, treatment, and monitoring. These special considerations are noted below, within the bullets for problem-solving practices.

Generally.

- Judges should use the stature of their position to build diverse teams of community stakeholders and rely on experts from other areas when solving specific problems such as substance use, mental health, and co-occurring disorders.
- Judges should be proactive, ask more questions, reach out to service providers, seek more information about each case, and explore a greater range of possible solutions.
- Confidentiality waivers or releases should be used so that treatment information may be shared among the appropriate team members while also complying with state and federal confidentiality laws.
- To improve decision-making among the team members and the court, the judge should provide leadership to ensure that multidisciplinary training opportunities are offered to the team, including education on emerging science in the areas of substance use, mental health, and co-occurring disorders.
- Judges and court staff should look for ways to conduct active and ongoing collection and analysis of data—measuring process and outcomes for both treatment and child welfare services.
- Judges should take part in overseeing the quality of treatment services where parents are referred.

Considerations for assessments and the case plan.

- Have the initial screenings and needs assessments been ordered and completed as early in the case as possible?

- Do the initial screenings and assessments examine both mental health and substance abuse issues? Have the community-based care agency and the court received the addiction severity index or similar standardized assessment instrument and the mental health evaluation?
- If the parent has previously received treatment (including hospitalization), order past treatment records when appropriate.
- If the parent is currently prescribed medication, are medication monitoring and drug testing listed as tasks within the case plan?
- If a parent has a substance use disorder or a co-occurring disorder, judges should order frequent and random drug testing and regular ongoing assessments to measure the changes in behaviors.
- Was the parent actively engaged in the development of the treatment plan/case plan?
- Has the parent received adequate counseling and education regarding treatment options?
- If the parent has a co-occurring disorder, does the case plan address integrated treatment? (Or coordinated, simultaneous treatment when integrated treatment is not available?)

According to the Substance Abuse and Mental Health Services Administration, one of the best forms of treatment for co-occurring disorders is what is known as integrated treatment. As the name implies, the patient receives treatment both for mental illness and substance abuse from the same clinician or from a team of clinicians. Integrated services can be provided by an individual clinician, a clinical team that assumes responsibility for providing integrated services to the client, or an organized program in which all clinicians or teams provide appropriately integrated services to all clients. If there is no co-occurring facility, ensure that substance abuse/mental health counseling is occurring simultaneously. If treatment is being conducted by more than one provider, ensure that the providers are discussing the parent's progress on a bi-weekly basis and developing a coordinated treatment plan.

Treatment.

- Is the parent linked to individually-tailored services, based on the needs identified in the assessment (such as integrated treatment for co-occurring disorders)?
- Has the treatment provider been given pertinent child welfare history information that would assist in treatment? Has the provider received copies of the parent's treatment history as it relates to substance abuse and/or mental health treatment?
- Does the treatment program use evidence-based practices, including using principles of trauma informed care? "Trauma informed" care recognizes the impact past trauma has on the life of a person seeking services, as well as the potential triggers and vulnerabilities of these trauma survivors. The care should be supportive and not exacerbate the symptoms.
- Who is the team surrounding the family, how are they working together, and is the family fully engaged with the team?

- If indicated, have the parent and child been referred to an evidence-based parenting program that includes observable, real-time parent/child interactions to practice and acquire new skills?
- Are the services gender specific?

Monitoring.

- How is the parent's progress monitored, and is the team responding quickly to changes in the case? Ongoing judicial interaction with each parent is essential. Judges should hold frequent status hearings/judicial reviews to monitor treatment progress and the compliance with the case plan (more frequent judicial reviews than required by Chapter 39).
- Are team staffings occurring regularly, and do they involve the treatment providers, child welfare case workers, and other agencies that may be providing services to the family? Ideally, staffings occur prior to court status or review hearings so that informed decisions can be made by the judges. Judges can improve the accountability of service providers by requiring that they submit regular reports on their work with parents. Staffings should cover the following:
 - Is the parent following through with physician medication recommendations?
 - Has the parent been hospitalized since the last court proceeding?
 - Has the parent expressed any concerns about managing his/her recovery and caring for his/her children?
 - Are the treatment services and other community services being provided to the parent adequate to support recovery?
 - Is the parent engaged and in compliance with the treatment requirements and with the case plan overall?
 - Has the parent met all treatment appointments and complied with drug testing requirements? Is he/she participating in recovery support groups?
 - Do the services continue to address the parent's underlying problems?
- If the child is with the parent, is there a safety plan in the event of relapse? Overall progress with case plan requirements and child safety should all be considered when responding to relapse. It does not automatically mean the child needs to be removed.
- If a parent has a substance use disorder or a co-occurring disorder, judges should monitor frequent and random drug testing and regular, ongoing assessments to measure the changes in behaviors. (Note: Visitation should not be limited, suspended, or terminated based on the results of the drug testing alone.)
- Judges should use graduated sanctions and incentives as a behavior modification tool.
- Judges should name the parent's strengths during the hearing.

Co-parenting. Judges should encourage the team to explore co-parenting, for which the caregiver, the parent, and the case worker coordinate, communicate, and work together for the benefit of the child. The parent may be able to join the child and caregiver at medical appointments, educational staffings, school activities, sporting events, and birthday parties. Caregivers can model appropriate parenting techniques during visits.

- What can the caregiver tell the court about the parent/child attachment and interactions? Judges should ensure that co-parenting is applied, when appropriate.
- Have the parents, the children, and relatives been educated about substance abuse, mental health, and co-occurring disorders so everyone can participate in treatment and continuing support services?

SOURCES:

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[Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services](#) http: Accessed February 2015.

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Wolf, R. [Don't Reinvent the Wheel: Lessons from Problem-Solving Courts](#). Center for Court Innovation. http://www.courtinnovation.org/_uploads/documents/Dont%20Reinvent.pdf (2007)

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Common types of mental illnesses/disorders in adults. (from the National Alliance on Mental Illness)

Bipolar Disorder is characterized by extreme changes in mood, from mania to depression. Between these mood swings, a person with bipolar disorder may experience normal moods. Bipolar is a chronic and generally life-long condition that often begins in adolescence or early adulthood.

Major Depression occurs when a person experiences at least five of the following nine symptoms at one time: 1) a depressed mood during most of the day, particularly in the morning; 2) a fatigue or loss of energy almost every day; 3) feelings of worthlessness or guilt almost every day; 4) impaired concentration, indecisiveness; 5) insomnia or excessive sleeping almost every day; 6) decreased interest in almost all activities nearly every day; 7) recurring thoughts of death or suicide; 8) a sense of restlessness; and 9) significant weight loss or gain.

Borderline Personality Disorder (BPD) is a serious mental illness constituted by extensive instability in moods, behavior, self-image, and interpersonal relationships. This instability often interferes with the individual's sense of self-identity, family and work, and long-term planning. Signs of BPD often appear in early adulthood and are indicated by five or more of the following: 1) frantic efforts to avoid real or imagined abandonment; 2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation; 3) identity disturbance: markedly and persistently unstable self-image or sense of self; 4) impulsivity in at least two areas that are potentially self-damaging; 5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior; 6) affective (mood) instability; 7) chronic feelings of emptiness; 8) inappropriate, intense anger or difficulty controlling anger 9) transient, stress-related paranoid ideation or severe dissociative symptoms.

Schizophrenia is a serious brain disorder that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. People with schizophrenia often have problems functioning in society, at work, at school, and in relationships. Psychotic symptoms include hallucinations and delusions caused by the loss of touch with reality. Cognitive symptoms consist of difficulty prioritizing tasks, certain kinds of memory functions, and difficulty organizing thoughts. It is a life-long disease that cannot be cured but usually can be controlled with proper treatment.

Post Traumatic Stress Disorder (PTSD) is a type of anxiety disorder that can occur after a person experiences a traumatic event that brought about intense fear, helplessness, or horror. PTSD can result from personally experienced traumas or from witnessing a violent or tragic event. Symptoms for PTSD can vary greatly; however they generally fall into three categories: (1) Re-experience: individuals experience recurrent and intrusive recollections of and/or nightmares about the traumatic event; (2) Avoidance: individuals will persistently avoid things that remind them of the event; (3) Increased arousal: individuals may have

difficulty falling or staying asleep, difficulty concentrating, and/or, may be jumpy or easily startled. PTSD can be effectively treated with psychotherapy and/or medication.

Anxiety Disorders cause people to feel excessively frightened, distressed, and uneasy during situations in which most others would not experience these symptoms. They are the most common mental illnesses in America and include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias, and generalized anxiety disorder.

Addiction and Treatment Services

Addiction and Treatment Services (Chapter 4) is an excerpt from the Drug Court Judicial Benchbook, developed by the National Drug Court Institute. It can be found in its entirety at the following link:

http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf

The Fundamentals of Drug Testing

The Fundamentals of Drug Testing (Chapter 6) is an excerpt from the Drug Court Judicial Benchbook, developed by the National Drug Court Institute. It can be found in its entirety at the following link:

http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf